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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 048000001		CITY OR TOWN	N GROVELA	AND
APPLICATIO	N FOR RENEWAL:	Annual	LICE	NSED FOR 2	013
		CLASS			YEAR
LICENSEE N	AME: CEDARDAL	LE SWIM & TENNIS CL	UB GROVELAND	INC.	
DOING BUSI	NESS A CEDARDA	ALE/GROVELAND COR	PORATE OUTING	CENTER	
ADDRESS 20	BARE HILL RD.				
CITY/TOWN:	: GROVELAND	STATE: MA	ZIP CODE:	01834	
MANAGER:	SULLIVAN, BRIAN G.	TYPE OF LICENSE: C	General on remise	CATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTIO	N OF LICENSED P	REMISES:			
OUTDOOR P	AVILLION ,MAIN E	ENTRANCE AND EXIT	ON BARE HILL R	D	
I hereby certify	y and swear under per	nalties of perjury that:			
1. the	renewed license will	be of the same type for the	ne same premises no	w licensed;	
2. the	licensee has complie	d with all laws of the Cor	nmonwealth relating	g to taxes; and	
3. the	premises are now op	en for business (If not exp	plain below)		
SIGNED BY	Individual, P	artner or Authorized Cor	porate Officer		
DATE:	TELEI	PHONE NUMBER:		ER IDENTIFICAT	
Acts of 2004,	signed by the buildi	we are in possession (1) ting inspector and the he	ad of the fire depar	rtment for the	above
Please Check Bel			LOCAL LICEN	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVI (If disapproved					
(11 disappiove	u expiaiii)				
DATE:					
APPLICATION FOR	R RENEWAL MUST BE FILE	ED BY LICENSEES DURING THE	MONTH OF NOVEMBER	(M.G.L. Ch. 138 \$ 1	6A)



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048000005		CITY OR TOWN	GROVELA	ND
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS			YEAR
LICENSEE NAME: S.B.A.P. Ram Co DOING BUSINESS A ADDRESS 15 ELM PARK	orporation, Inc			
CITY/TOWN: GROVELAND	STATE: MA	ZIP CODE:	01834	
MANAGER: Patel, Sanjay T	YPE OF LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREM TWO STORY WOOD BUILDING, ST I hereby certify and swear under penalti  1. the renewed license will be of the licensee has complied with the licensee has compl	FORE ON FIRST FLOC ies of perjury that: of the same type for the	OR same premises now		
3. the premises are now open f SIGNED BY Individual, Partr	or business (If not expla			
DATE: TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	K: 048000006		CITY OR TOWN GROVEL	AND
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAME DOING BUSINESS				
ADDRESS 192 MA	IN ST			
CITY/TOWN: GR	OVELAND	STATE: MA	ZIP CODE: 01834	
MANAGER: NIE	ROD, JOHN S T	YPE OF LICENSE: Pac	kage Store CATEGORY	: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF				
TWO ROOMS, FRO	ONT,SALESROOM	M, REAR STORAGE,C	ELLAR BELOW, STORAGE	
I hereby certify and	swear under penalt	ies of perjury that:		
1. the renev	wed license will be	of the same type for the	same premises now licensed;	
2. the licens	see has complied w	ith all laws of the Comn	nonwealth relating to taxes; and	
3. the prem	ises are now open f	for business (If not expla	in below)	
SIGNED BY				
	Individual, Partı	ner or Authorized Corpo	rate Officer	
DATE:	TEI EPHO	ONE NUMBER:	EMPLOYER IDENTIFICA	ATION NUMBER:
	TEELITIC	INE NOWIDER.	(Note: NOT Individual Social	Security Number)
Please Check Below:			LOCAL LICENSING AUTH	HORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	aın)			
DATE:				
DATE.				



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: U	48000007		CITYOR	K IOW	N G	KUVELF	AND
APPLICATION FOR R	ENEWAL:	Annual		LICE	ENSEI	D FOR 20	013
		CLASS					YEAR
LICENSEE NAME: R	TE #97 LIQUORS	S, INC.					
DOING BUSINESS A							
ADDRESS 0908-D SA	LEM STREET						
CITY/TOWN: GROV	ELAND	STATE: MA	ZIP (	CODE:	0	1834	
MANAGER: MELON	NAS, PETER TYP	E OF LICENSE: Pac	ckage Stor	e	CATI	EGORY:	All Alcohol
EMAIL ADDRESS:							
PLE	ASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR E	MAIL ADDRES	S			_
DESCRIPTION OF LIC							
ONE ROOM ON FIRS	Γ FLOOR, SALES	AND WALK IN C	OOLER S'	TORAC	GE IN	REAR	
I hereby certify and swe	ar under penalties	of perjury that:					
		he same type for the	•				
	-	all laws of the Com			g to ta	xes; and	
3. the premises	are now open for b	ousiness (If not expl	ain below)				
SIGNED BY							
1	ndividual, Partner	or Authorized Corpo	orate Offic	er			
DATE:	TELEDIONI			EMDI OX	/ED IDI	ENTIFICAT	ΓΙΟΝ NUMBER:
DITE.	TELEPHONE	E NUMBER:					Security Number)
Diagon Charle Dalarra							
Please Check Below: APPROVED:				L LICE	NSIN	G AUTH	ORITY
DISAPPROVED:			By:				
(If disapproved explain)	)						
D. 1 777							
DATE:							



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 04	18000008		CITY OR TOWN GROVEL	AND
APPLICATION FOR RI	ENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME: N DOING BUSINESS A ADDRESS 1 WASHING CITY/TOWN: GROVE MANAGER: COUFAS EMAIL ADDRESS:	GTON ST ELAND	STATE: MA  (PE OF LICENSE: Pac	ZIP CODE: 01834 ckage Store CATEGORY	: All Alcohol
PLEA	ASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LIC				
ONE AND A HALF BLI I hereby certify and swea				
3. the premises a	are now open fo	or business (If not explain		
DATE:	TELEPHOI	NE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICENSING AUTH By:	HORITY
DATE:				



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048000012	C	ITY OR TOWN GROVELAND
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: J & S RESTA	URANT CORPORATION	
DOING BUSINESS A THE TEAG	ARDEN	
ADDRESS 904 SALEM ST		
CITY/TOWN: GROVELAND	STATE: MA	ZIP CODE: 01834
MANAGER: HU, JIN FA	TYPE OF LICENSE: Restar	urant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EMAIL	L ADDRESS
DESCRIPTION OF LICENSED PRI		
ONE FLOOR BLOCK BUILDING, REAR ENTRANCES	TWO ROOMS, CELLAR U	SED FOR STORAGE. FRONT AND
		<u> </u>
T1 1 20 1 1	10. 6. 1. 1.	
I hereby certify and swear under penal. the renewed license will be		ma pramisas now licansad
	* *	nwealth relating to taxes; and
3. the premises are now open		•
SIGNED BY		
Individual, Pa	rtner or Authorized Corporat	te Officer
DATE		
DATE: TELEPI	HONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: <u>NOT</u> Individual Social Security Number)
		(1000. 1001 marvidual Social Security Number)
	_	ertificate required by Chapter 304 of the
		f the fire department for the above nce required by Chapter 116 of the Acts
of 2010.		
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		By:
DISAPPROVED: (If disapproved explain)		
(11 disapproved expiairi)		_
DATE:		



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUN	MBER: 048000013		CITY OR TO	OWN GROVELA	AND
APPLICATION	N FOR RENEWAL:	Annual	L	ICENSED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: GROVELANI	O FAIRWAYS, LLC			
DOING BUSIN	NESS A				
ADDRESS 156	5 MAIN ST				
CITY/TOWN:	GROVELAND	STATE: MA	ZIP COD	DE: 01834	
	ARAKELIAN, ROBERT P.	TYPE OF LICENSE: Ge	eneral on emise	CATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		_
	N OF LICENSED PRI				
		VING RANGE THREE I Q FT CLUBHOUSE WIT			
I hereby certify	and swear under pena	alties of perjury that:			
•	•	e of the same type for the	e same premise	s now licensed;	
2. the l	licensee has complied	with all laws of the Com	monwealth rela	ating to taxes; and	
3. the p	premises are now oper	n for business (If not exp	lain below)		
SIGNED BY			o cc		
	Individual, Pa	rtner or Authorized Corp	orate Officer		
DATE:	TELEDI	IONE NUMBER	EMD.	LOYER IDENTIFICAT	ION NUMBER:
DITIE.	IELEPI	HONE NUMBER:		$\overline{\mathbf{OT}}$ Individual Social S	
We the unders	signed, attest that we	e are in possession (1) th			-
,	<b>.</b>	g inspector and the hea te of liquor liability ins		-	
Please Check Belo	w:		LOCAL LI	CENSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	expiain)				
DATE:					



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 048000014	(	CITY OR TOWN	GROVELAND
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: NICHOLS VI	LLAGE, INC.		
DOING BUSINESS A			
ADDRESS 1 NICHOLS WAY			
CITY/TOWN: GROVELAND	STATE: MA	ZIP CODE:	01834
MANAGER: Dinges, James	TYPE OF LICENSE: Club	CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OF DESCRIPTION OF LICENSED PRI	DUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
1. the renewed license will b 2. the licensee has complied 3. the premises are now open	be of the same type for the s with all laws of the Comme	onwealth relating to	
SIGNED BY Individual, Pa	rtner or Authorized Corpor	ate Officer	
DATE: TELEPI	HONE NUMBER:		IDENTIFICATION NUMBER:
We the undersigned, attest that we Acts of 2004, signed by the buildin named license and (2) the certifica of 2010.	g inspector and the head	of the fire departı	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 048000015		CITY OR TOWN	GROVELA	ND	
APPLICATION FOR RENEWAL:		Annual	LICENSED FOR 2013			
		CLASS			YEAR	
LICENSEE NAME:	TERRY CLIFFORD	)				
DOING BUSINESS	A T&B CLIFFORD,	PUB 97				
ADDRESS 935 SALI	EM ST					
CITY/TOWN: GRO	VELAND	STATE: MA	ZIP CODE:	01834		
MANAGER: CLIF	FORD, TERRY TYPE	E OF LICENSE: R	estaurant C	ATEGORY:	All Alcohol	
EMAIL ADDRESS:						
I	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR	EMAIL ADDRESS		1	
DESCRIPTION OF I						
2 STORY BUILDING	G, FIRST FLOOR RE	STAURANT & E	SAR WITH SEATING	G CAPACITY	Y OF 78	
I hereby certify and sv	•					
	ed license will be of th		=			
	ee has complied with a es are now open for b		_	o taxes; and		
	es are now open for o	usiness (11 not exp	main below)			
SIGNED BY						
D101\DD D1	Individual, Partner of	or Authorized Corp	orate Officer			
DATE:	TELEPHONE	NUMBER:		R IDENTIFICAT		
			(Note: <u>NOT</u> Inc	dividual Social So	ecurity Number)	
	l, attest that we are i					
	by the building insp 2) the certificate of l					
of 2010.	_,	-quot 1100-11105 1110	arano required ay		01 0110 11005	
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY	
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain	III <i>)</i>					
DATE:						